

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Anthony Howard	COURT CASE NUMBER 08C2037
DEFENDANT Dart, et al.	TYPE OF PROCESS S/C
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN AT Thomas Dart, Sheriff of Cook County, Cook County Dept. of Corrections ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) The Daley Center 50 W. Washington, Room 704, Chicago, IL 60602	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Anthony Howard
111 South Parkside
Chicago, IL 60644

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	4
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED**AUG 21 2008 TC****Aug 21, 2008****MICHAEL W. BOBBING**
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

08-12-08**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1/4	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	Td	Date 08-12-08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Carol McFadden Legal Asst.	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 8-15-08
	Time 1210 pm
	Signature of U.S. Marshal or Deputy [Signature]

Service Fee 48.00	Total Mileage Charges (including endeavors) .48	Forwarding Fee 0	Total Charges 48.48	Advance Deposits 0	Amount owed to U.S. Marshal or 48.48	Amount of Refund 0
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REMARKS:

1 DUSM / 1 Hour / 1 mile (RT)